

EEO COMPLAINT FORM

***Employee Complaint Notice**

Delivery Method (check one):

- ☐ Walk-In ☐ Telephone
☐ Mail ☐ Fax

Type of Discrimination You Claim Occurred

- ☐ Race/Color ☐ Age
☐ Religion ☐ Disability
☐ National Origin ☐ Political Affiliation
☐ Sex ☐ Sexual Harassment

(please print or type)

Complainant: _____

Address: _____ Social Security #: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Business Telephone: _____

Work Location: _____

Department and/or person whom you believe has discriminated:

Name: _____ Date Discrimination Occurred: _____

Department: _____

State why you believe you have been discriminated against (use additional sheets if necessary):

What remedy do you wish to obtain by filing this complaint?

I affirm the above information is true to the best of my knowledge, information and belief.

Signature: _____

Date: _____

Date received in OQIHR: _____